

**Application Data Sheet****Application Information**

Application number::  
Filing Date:: October 30, 2003  
Application Type:: Non-Provisional  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R???:  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)??:  
Number of copies of CRF::  
Title:: Apparatus and Method for Diagnosis of  
Optically Identifiable Ophthalmic Conditions  
Attorney Docket Number:: 281-317  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name:: W.  
Family Name:: Newman  
Name Suffix::  
City of Residence:: Auburn  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of Mailing Address:: 110 N. Marvine Avenue  
City of Mailing Address:: Auburn  
State or Province of Mailing Address:: NY  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 13021

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Corinn  
Middle Name:: C.  
Family Name:: Fahrenkrug  
Name Suffix::  
City of Residence:: Liverpool  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of Mailing Address:: 322 Cameo Circle  
City of Mailing Address:: Liverpool  
State or Province of Mailing Address:: NY  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 13088

**Correspondence Information**

Correspondence Customer Number:: 20874

**Representative Information**

Representative Customer Number::	20874
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Assignee Information**

Assignee Name:: Welch Allyn, Inc.  
Street of mailing address:: 4341 State Street Road  
City of mailing address:: Skaneateles Falls  
State or Province of mailing address:: NY  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 13153